

City of Springfield
Disconnection of Water/Sewer Services
Request Form

Account No.: _____

Service Name: _____

Service Address: _____

Contact Phone No.: _____

Forwarding Mailing Address: _____

The address given will be where your deposit refund check will be mailed at the end of the month. Please make sure the address is correct so there are no delays.

Service Disconnection Date: _____

I am requesting that my water/sewer service at the above location be disconnected on the date specified on this form. I understand that the deposit paid will cover any balance owed on this account and the remainder of the deposit will be refunded to me by check at the end of the month. The refund will be mailed to the forwarding address given.

Customer's Signature

Date

Return Form to Dayna Sones, Customer Service Clerk – City of Springfield by one of the following methods:

Email: dsones@springfieldga.org
Fax: 912-754-7261
Mail: P.O. Box 1
Springfield, GA 31329

FOR OFFICE USE ONLY
Date Received: _____
Clerk Signature: _____
Date Entered in System: _____